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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 070439.00026	
Application Number 10/501,701		Filed May 5, 2005	
For COMPOSITIONS AND METHODS OF MAKING PLASTIC ARTICLES			
Art Unit 1765		Examiner J. C. Mullis	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$150	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$560	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1270	\$ 635.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1980	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2690	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1943</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the	<input type="checkbox"/> applicant/inventor.		
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.		
	<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>55,332</u>		
	<input type="checkbox"/> attorney or agent under 37 CFR 1.34.		
	Registration number if acting under 37 CFR 1.34 _____		
_____ Signature		_____ June 6, 2012 Date	
_____ Sarah Klosek Typed or printed name		_____ (609) 844-3024 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4).

Dated: 6/6/2012

Electronic Signature for Sarah Klosek: /Sarah Klosek/